

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/654,093

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51	3	3				
2							52	1					
3							53		1				
4							54		1				
5							55	1					
6							56		1				
7							57		1				
8							58		1				
9							59		1				
10							60	1					
11							61		1				
12							62		1				
13							63		1				
14							64		1				
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.	3					
TOTAL DEP.							TOTAL DEP.	10					
TOTAL CLAIMS							TOTAL CLAIMS	13					